



Unannounced Care Inspection Report 5 August 2019 and 8 August 2019



Joymount House

Type of Service: Residential Care Home
Address: Joymount Court, Carrickfergus BT38 7DQ
Tel no: 028 9336 3904
Inspectors: Alice McTavish and Helen Daly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which provides care for up to 40 older people.

3.0 Service details

<p>Organisation/Registered Provider: Northern HSC Trust</p> <p>Responsible Individual: Mr Anthony Baxter Stevens</p>	<p>Registered Manager and date registered: Ms Gillian McBride, 18 April 2014</p>
<p>Person in charge at the time of inspection: Ms Gillian McBride</p>	<p>Number of registered places: 40</p> <p>Category RC-DE is for the 12 named residents as identified to RQIA.</p> <p>The home is approved to provide care on a day basis only to four persons.</p>
<p>Categories of care: Residential Care (RC) DE – Dementia I - Old age not falling within any other category</p>	<p>Total number of residents in the residential care home on the days of this inspection: 27 on 5 August 2019 28 on 8 August 2019</p>

4.0 Inspection summary

An unannounced inspection took place on 5 August 2019 from 09.00 to 16.25 and on 8 August 2019 from 10.35 to 13.50.

This inspection was undertaken by care and pharmacist inspectors.

An application for variation to the registration was received by RQIA in February 2019 for the removal of category RC-DE as this was no longer required. This has been approved by RQIA at this inspection.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicines management inspections and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training and supervision, audits and reviews, listening to and valuing residents and their relatives, governance arrangements and maintaining good working relationships. In relation to medicines management, there was evidence of good practice regarding the management of medicines on admission, time-critical medicines, pain and distressed reactions.

Three areas for improvement were identified to comply with the Regulations. These were in relation to staffing levels, the reporting of medication related incidents and the home's environment.

Residents described living in the home in positive terms. Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and with staff.

Comments received from residents, people who visit them, professionals and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Gillian McBride, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 10 August 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings of the last medicines management inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A

poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned to RQIA from residents, their relatives or staff.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The lay assessor observed that the home was 'spotless' and that the interactions between staff and residents were excellent. The lay assessor saw that staff were familiar with the needs of the residents and how this ensured that residents were safe and comfortable.

During the inspection a sample of records was examined which included:

- staff duty rotas from April 2019 to April 2020
- staff training schedule and training records
- staff induction records
- schedule of staff supervision and appraisal
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from January 2019 to April 2019
- reports of visits by the registered provider from April to June 2019
- RQIA registration certificate
- staff training and competency with regard to medicines management
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed of
- management of medicines on admission and medication changes
- management of controlled drugs, antibiotics, time-critical medicines, medication related incidents
- care planning in relation to distressed reactions, pain and self-administration
- medicine management audits
- storage of medicines
- stock control of medicines

Areas for improvements identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 5 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall ensure that detailed risk assessments and care plans are put in place pertaining to any residents who smoke. The assessment needs to take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance.	Met
	Action taken as confirmed during the inspection: Inspection of care records confirmed that this was addressed.	
Area for improvement 2 Ref: Regulation 16.- (1) Stated: First time	The registered person shall ensure that a full plan of care is devised for each resident shortly after admission to the home.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that satisfactory arrangements have been put in place.	
Area for improvement 3 Ref: Regulation 19.- (1) (a) Stated: First time	The registered person shall ensure the following is recorded for each resident, where necessary: <ul style="list-style-type: none"> • the contact details of next of kin and any professionals involved in the resident's care • contemporaneous note of all care and services provided to the resident • a record of how any pain experienced by the resident should be managed 	Met

	<p>Action taken as confirmed during the inspection: Inspection of care records confirmed that these areas are now recorded.</p>	
<p>Area for improvement 4 Ref: Regulation 30.- (1) (d) Stated: First time</p>	<p>The registered person shall ensure that RQIA is given notice of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Action taken as confirmed during the inspection: Inspection of the records of accidents and incidents confirmed that this has been addressed.</p> <p>This area for improvement has been assessed as met, however the pharmacist inspector identified an area for improvement with regard to the management of medication related incidents. See Section 6.3.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 23.6 Stated: First time</p>	<p>The registered person shall ensure that staff training records are kept up to date.</p> <p>Action taken as confirmed during the inspection: Inspection of staff training records confirmed that these were kept up to date.</p>	Met
<p>Area for improvement 2 Ref: Standard 27.1 Stated: First time</p>	<p>The registered person shall ensure that an audit is undertaken of the condition of all bedrooms in the home and a suitable action plan is devised to address all identified matters within a reasonable timescale.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and Inspection of bedrooms confirmed that this was addressed.</p>	Met

Areas for improvement from the last medicines management inspection dated 10 August 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that two staff are involved in transcribing information on medication administration records and both staff sign the entry.	No longer applicable
	Action taken as confirmed during the inspection: The registered manager advised that this practice was implemented following the last medicines management inspection. Pre-printed medication administration records were no longer in use and therefore staff do not transcribe information onto the medication administration records.	
Area for improvement 2 Ref: Standard 8 Stated: First time	The registered person shall ensure the reason for and the outcome of administration are recorded when medicines are administered to manage distressed reactions.	Met
	Action taken as confirmed during the inspection: The management of distressed reactions was reviewed for two residents. Care plans were in place and parameters for administration were clearly recorded on the personal medication records. The reason for and outcome of each administration was recorded.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities. Residents told us that staff responded quickly to call bells and said, "...the staff are excellent, you only have to call and they come." Some other residents, however, told us that the home needed more staff.

We spoke with staff who told us that the morning shifts can be very busy and pressured for staff; nine of the beds in the home are used for people coming out of hospital to recover from accidents or illnesses and these residents often need a higher level of support. Staff reported that there was not always sufficient time to give 'recovery' residents care in a way that best supports a return to independence. They also said that there was limited opportunity to provide residents with better and longer activities. Staff also reported that when the external doors were locked as a security measure, staff had to come downstairs to let visitors into the building and this sometimes interrupted the time devoted to residents. Staff also acknowledged, however, that residents' needs were always met, but often at the expense of pressure on staff.

We discussed this with the manager who told us that the Trust was considering the installation of a video entry system which would make it easier for staff to admit visitors to the home in the evenings. We identified staffing levels as an area for improvement to comply with the Regulations.

The manager described how the Trust provided written confirmation that all staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff.

All senior care staff had an assessment of their competency and capability to ensure that they can take charge of the home. The manager reported that she reviewed this every year to ensure that it was always current. She advised that she would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This represents good practice.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We looked at the records kept by the manager of

staff registrations and found that there was a robust system to ensure that these were kept up to date.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that felt confident about reporting such poor practice. A staff member said, "I wouldn't hesitate to challenge any colleague that I saw showing a poor attitude – I want the best for the residents, that's why we are here."

The manager was able to describe how safeguarding referrals would be made to Trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. There were communal lounges for the use of residents on each floor along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair. There were no malodours.

We looked in the bedrooms of some residents and found that these were comfortable and contained residents' personal belongings.

We saw, however, that a window frame was damaged and in need of replacement and that several carpet tiles were heavily stained and needed to be replaced. The manager advised that the Trust had been made aware of the damage to the window frame and that this was to be replaced, but no date had been given for this. This was identified as an area for improvement to comply with the Regulations.

Restrictions

The manager told us that she made sure that residents living in Joymount House enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

Residents could freely exit the building if they wished. The only restriction to residents' liberty was that an alarm was activated on the bedroom door on the first night for newly admitted residents; this was in recognition that people might be disorientated and may need help to be directed to the bathroom.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection. The manager described the measures taken to control and limit the spread of infection during a recent outbreak.

Management of medicines

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, the auditing system, medication records, the management of medicines on admission and medication changes, the management of distressed reactions, pain, controlled drugs, antibiotics and time-critical medicines.

We reviewed the medication administration records to confirm that medicines were being administered as prescribed. We noted that medicines were sometimes omitted due to being unavailable in the home. Two medicines were out of stock on the day of the inspection. They were due to be delivered on the day of the inspection. It was acknowledged that the medicines had been ordered in a timely manner and that the senior carers had followed up with the prescribers. The registered manager was made aware of stock supply issues, however, omitted doses due to residents not having a continuous supply of their prescribed medicines were not considered as notifiable events which must be reported in accordance with the home's incident management policy and to RQIA. This was identified as an area for improvement to comply with the Regulations.

The majority of the personal medication records were maintained in a satisfactory manner. The registered manager and senior carers were reminded that the allergy status of each resident should be recorded and that obsolete personal medication records should be cancelled and archived. It was agreed that this would be completed following the inspection.

Medicines were observed to be stored securely. Satisfactory recordings were observed for the temperature of the medicines refrigerator. The registered manager advised that a daily record of the treatment room temperature would be recorded from the day of the inspection onwards.

The management of insulin, warfarin and thickening agents was discussed with the senior carers and registered manager and assurances were provided that robust systems were in place when these medicines are prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal and the arrangements for adult safeguarding. Further areas of good practice were identified in relation to the management of medicines on admission, time-critical medicines, pain and distressed reactions.

Areas for improvement

Three areas for improvement were identified to comply with the Regulations. These were in relation to staffing levels, the reporting of medication related incidents and the home's environment.

	Regulations	Standards
Total numb of areas for improvement	3	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Joymount House. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. The manager described how there were good working relationships between professionals and how this contributed to effective care for residents.

We spoke with two professionals who provide rehabilitation for those residents placed in Joymount House for recovery. They told us that staff were knowledgeable about the needs of these residents, that staff kept them informed about residents' progress or any changes in needs and there was good collaborative working. A professional said, "The home is clean and the staff are friendly. The residents tell me that they are happy with the care. The manager is very supportive and I have no concerns about the care here. I see how the care staff interact with the residents...there is a good atmosphere and the staff are professional."

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or Trust staff.

Staff told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were reviewed regularly to make sure that they were accurate and up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home and residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. A programme of available activities was displayed.

Residents said that they enjoyed the activities on offer and described particularly liking bingo and participating in the art classes.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. We saw that these meetings took place regularly. Staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents or their family members and this was to gather feedback on the care, services and facilities in the home. The manager told us that the summary report for the last survey completed earlier in 2019 was being prepared by the Trust. The manager also described how separate feedback was sought from residents who used Joymount House for respite or recovery.

Residents who spoke with the lay assessor provided the following comments:

- "I am very happy here."
- "This is my home now and I love it. I just have to look out that picture window and I can see Belfast Lough! Scotch Quarter is just up the road so I feel at home from home. The attention, care and love is the best in the world."
- "The food is good and the staff are good."
- "The staff are wonderful. I would give here nine out of ten."
- "The staff are excellent."
- "The staff are very attentive...Staff give very good hugs here!"

A member of staff told us: "The staff here go the extra mile for the residents and we all pull together. I wouldn't think twice about it if I had to place a member of my family into a care home."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager described how she spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, the home's equipment and the environment and looks for any ways in which these areas can be improved. The manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shares compliments received from residents, their families and professionals as this is important for staff morale and learning.

Compliments received included the following:

- “To each and every member of staff in Joymount. We cannot thank you enough for the care and attention (our relative) received while being with you. Each one of you went above and beyond your duty of care to him and for that we will be forever grateful.”
- “With many thanks for your kindness and help.”
- “Thank you so much for all your help with (our relative) – it is so lovely to see her so happy.”

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in skin care and palliative care.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Visits by the registered provider

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in April, May and June 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider's representative also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Gillian McBride, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 16 September 2019	<p>The registered person shall ensure that at all times there is staff working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The staffing profile of the home has been reviewed and management are confident that the staffing is appropriate for the health and welfare of the residents.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 8 August 2019	<p>The registered person shall review the management of medication related incidents to ensure that when medicines are omitted due to stock supply issues, this is reported to RQIA.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Incidents where medications are omitted due to stock supply issues will be reported to RQIA in future.</p>
Area for improvement 3 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 16 September 2019	<p>The registered person shall ensure that suitable arrangements are put in place for the replacement of the damaged window frame and the replacement of soiled carpet tiles.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The replacement of the damaged window frame and the replacement of stained carpet tiles are on a waiting list for funding and will be further highlighted for prioritisation following this area for improvement notice.</p>

Please ensure this document is completed in full and returned via Web Portal



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